SCDHEC STD/HIV Division Request and Review Form

Date_____

CDC Federal Materials Review Committee (FMRC)

(Revised January 3, 2006)

Use this form to have materials considered for approval by the Federal Materials Review Committee. For print materials, including website content, submit ten (10) samples and completed form.

Allow thirty calendar days for print materials review.

For audiovisual materials and curricula, submit one original item and completed form. These items are reviewed on a quarterly basis at meetings held in February, May, August and November.

Send to: Tony Price, STD/HIV Division, Mills/Jarrett Complex, Box 101106, Cola, SC 29211

Requestor's Name:	Phone
E-mail address:	
Postal Address:	
Organization:	
Title of material and production year:	
Requested date needed for review:	Reading level (if known) grade
It is an original or a reproduced copy	Publisher:
Type of material: Poster/Display Brochure Flier	Video/DVD/CD (see "Use/Distribution" section)
PC SoftwareCurriculum	Survey/Questionnire/Focus Group Questions
Web Site Educational MaterialsBillb	oardOther (specify)
Target Audience: (Check all that apply, but only check those fo Race and EthnicityAfrican AmericanWhite	Latino/a Other (specify)
Sexual RiskMSMMSM/WMSW	WSMOther (specify)
Age Youth (13-17)Young adults (18-24)	Adults (25-44)Older Adults (>44)
Indicate if the material specifically targets pe Indicate if the material specifically targets tra	
Drug RiskIDUOther Substance Use (s	specify)
	ne material? bility to send a copy of developed/approved material to: of HIV/AIDS Prevention, 1600 Clifton Road, N.E., MS E

58, Atlanta, GA 30333

Title of the material
Use/Distribution Method (check all that apply) DHEC-Educational Resource Center DHEC-Local Health Departments-Onsite DHEC-State and Local Health Departments In Community Program Individual client (One-On-One) in Requesting Agency Clinic-Waiting Room of Non-Health Department Sites General Community (health fairs, churches, presentations) Restricted Community Specify:Gay Bars/Gay Community AOD FacilitiesCorrectionalHigh Risk Adolescent Settings Other: Professional staff (within requesting agency) Schools (Per 2004 CDC Proposed Revised Guidance, SCDE must provide review of these materials) For videos, etc. indicate if for ILI/PCM:GLI - DEBI or ARC:HC/PI:For GLIs, name of DEBI or ARC:For GLIs, pg. # in curriculum on which video is noted: Other (specify)
Messages (check all that apply) Does it directly promote or encourage sexual activity or injecting drug use?YesNo
Promotes abstinence from illegal use of injecting drugsPromotes abstinence from sexual intercourse (except in mutually monogamous relationship with an uninfected partner)Promotes the benefits of abstaining from unprotected sexual activityPromotes the benefits of abstaining from injecting drug usePromotes using a condom to reduce the risk of acquiring or transmitting the virusPromotes using a dental dam to reduce the risk of acquiring or spreading the virusPromotes cleaning needles to reduce the risk of acquiring or transmitting the virusPromotes standard/universal precautionsPromotes HIV counseling and testingOrganizational/marketing/advertising brochureOther (specify)
Do not write below this line
Committee recommendation
Recommendation:ApprovedDisapprovedProvisional(Explain in comment section) Priority Population and Risk Factors: AAMSM AAWSM AAMSW AAMSW/M _WMSMWMSM/WIDUH/L _For HIV+ PersonsFor Transgendered Persons Other risks factors/populations (specify): _YouthYoung AdultsAdultsOlder Adults Usage and Distribution:ERCHD onsiteDHEC communityNon-DHEC, individual client _Non-DHEC, clinic waiting roomGeneral communityGayAODCorrectionalHR Adol. _Professional staffSchoolsOther, specify:
Signature: Review Date:
Comments, including messages as indicated by requestor:
Filing ID Number: